Exam Information-Completed by Institution	
Course Name and Number:	
Exam Type:	Computer/ Internet Based Password Protected Paper/Pencil Based
Date Exam or Password will be sent:	
Deadline:	
Total Number of Pages:	
Time Limit:	
Permitted Items:	
Exam Delivery Method:	
Exam Return Method:	

Student Information	
First Name:	
Last Name:	
Email:	
Daytime Phone:	

Instructor Information	
First Name:	
Last Name:	

Please send all test information including this form to our Testing Center:

Lamar University Testing Center
PO Box 10012
Beaumont, TX 77710
careercenter@lamar.edu
Ph: 409-880-8878
Fax: 409-880-8881